

# District STAR Event Registration Form

State Use Only	
Postmark Date:	_____
Check Amount	_____
Affiliation form	_____

Chapter/School \_\_\_\_\_ District \_\_\_\_\_

School Address \_\_\_\_\_ School Phone # \_\_\_\_\_

Adviser Signature \_\_\_\_\_ Adviser E-mail \_\_\_\_\_

## Attach the following to this form and send to Julie Bell:

1. A completed copy of the official Chapter Affiliation Form (highlight names of all members participating in STAR events)
2. A check for the total amount of District STAR Event Registration fees (check payable to SD FCCLA) DO NOT include payment for District Dues, etc, in this check.

## Send the following to the District STAR Event Consultant:

1. A completed copy of the District STAR Event Registration Form
2. Completed registration cards for each event entry

If more rows are needed, click on totals row, click on Insert, then Row.

Total Participants		Total Fees		0 Due		0
Event: Illustrated Talk & Job Interview	Identify Category Jr., Sr., Occ.	Name of Student (S) Put team members on one line	# of Students in Event	Reg. Cost	Total	State use only Score Received
				\$3.00	\$0.00	
				\$3.00	\$0.00	
				\$3.00	\$0.00	
				\$3.00	\$0.00	
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				\$3.00	\$0.00	
				\$3.00	\$0.00	
				\$3.00	\$0.00	
				\$3.00	\$0.00	
<b>TOTALS</b>			0	\$3.00	\$0.00	0